

Rec'd PCT/PTO 21 MAR 2005

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

2002-29-US

First Named Inventor

Marc Laverdiere

COMPLETE IF KNOWN

Application Number

10/520,635

Filing Date

January 7, 2005

Art Unit

Examiner Name

10/520635

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIQUID FLOW CONTROLLER AND PRECISION DISPENSE APPARATUS AND SYSTEM

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

July 18, 2003

as United States Application Number or PCT International

Application Number PCT/US03/22579 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

10/520635

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number:		42754		OR <input type="checkbox"/> Correspondence address below	
Name <u>Nields & Lemack</u>					
Address <u>176 E. Main Street - Suite 7</u>					
City <u>Westboro</u>		State <u>MA</u>		ZIP <u>01581</u>	
Country <u>USA</u>		Telephone <u>508-898-1818</u>		Fax <u>508-898-2020</u>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Marc</u>			Family Name or Surname <u>Laverdiere</u>		
Inventor's Signature <i>Marc Laverdiere</i>					Date <u>2/28/05</u>
Residence: City <u>Wakefield</u>		State <u>MA</u>		Country <u>USA</u>	
				Citizenship <u>USA</u> ✓	
Mailing Address <u>149 Broadway</u>					
City <u>Wakefield</u>		State <u>MA</u>		Country <u>USA</u>	
				Zip <u>01880</u>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Robert F.</u>			Family Name or Surname <u>McLoughlin</u>		
Inventor's Signature					Date
Residence: City <u>Pelham</u>		State <u>NH</u>		Country <u>USA</u>	
				Citizenship <u>USA</u>	
Mailing Address <u>2 Jefferson Drive</u>					
City <u>Pelham</u>		State <u>NH</u>		Country <u>USA</u>	
				Zip <u>03076</u>	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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-------------------------------	--	---	--

Name
Nields & Lemack

Address
176 E. Main Street - Suite 7

City <u>Westboro</u>	State <u>MA</u>	ZIP <u>01581</u>
-------------------------	--------------------	---------------------

Country <u>USA</u>	Telephone <u>508-898-1818</u>	Fax <u>508-898-2020</u>
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NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) <u>Marc</u>	Family Name or Surname <u>Laverdiere</u>
---	---

Inventor's Signature	Date
----------------------	------

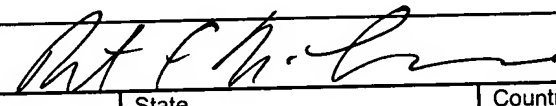
Residence: City <u>Wakefield</u>	State <u>MA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
-------------------------------------	--------------------	-----------------------	---------------------------

Mailing Address
149 Broadway

City <u>Wakefield</u>	State <u>MA</u>	Zip <u>01880</u>	Country <u>USA</u>
--------------------------	--------------------	---------------------	-----------------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) <u>Robert E.</u>	Family Name or Surname <u>McLoughlin</u>
--	---

Inventor's Signature 	Date <u>2-18-2005</u>
---	--------------------------

Residence: City <u>Pelham</u>	State <u>NH</u>	Country <u>USA</u>	Citizenship <u>USA</u>
----------------------------------	--------------------	-----------------------	---------------------------

Mailing Address
2 Jefferson Drive

City <u>Pelham</u>	State <u>NH</u>	Zip <u>03076</u>	Country <u>USA</u>
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☒ Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Please type a plus sign (+) inside this box



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

80/520635

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
3-00 George		Gonnella	
Inventor's Signature <i>George Gonnella</i>		Date 2-23-05	
Residence: City Pepperell MA	State MA	Country US	Citizenship <input checked="" type="checkbox"/> US
Mailing Address 24 Elliott Street			
City Pepperell	State MA	ZIP 01463-1412	Country US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Iraq		Gashgaee	
Inventor's Signature		Date	
Residence: City Waltham	State MA	Country US	Citizenship US
Mailing Address 5 High Rock Circle			
City Waltham	State MA	ZIP 02451	Country US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jennifer		Marrs	
Inventor's Signature		Date	
Residence: City Cornish	State NH	Country US	Citizenship US
Mailing Address 41 Churchill Drive			
City Cornish	State NH	ZIP 03745	Country US

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Supplemental Sheet
Page 3 of 3

10/520635

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
George		Gonnella	
Inventor's Signature			Date
Residence: City	Pepperell	State	MA
Country	US	Citizenship	US
Mailing Address 24 Elliott Street			
City	Pepperell	State	MA
ZIP	01463-1412	Country	US

4-00

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Iraj		Gashgace	
Inventor's Signature <i>Iraj Gashgace</i>			Date FEB/23/05
Residence: City	Waltham	State	MA
Country	US	Citizenship	US ✓
Mailing Address 104 Robert Road 5 High Rock Circle			
City	Marlborough	State	MA
ZIP	01752	Country	US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jennifer		Marrs	
Inventor's Signature			Date
Residence: City	Cornish	State	NH
Country	US	Citizenship	US
Mailing Address 41 Churchill Drive			
City	Cornish	State	NH
ZIP	03745	Country	US

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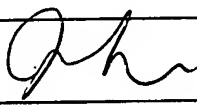
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Page 3 of 3

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Given Name (first and middle [if any])		Family Name or Surname	
George		Gonnella	
Inventor's Signature			Date
Residence: City	Pepperell	State	MA
Country	US	Citizenship	US
Mailing Address 24 Elliott Street			
City	Pepperell	State	MA
ZIP	01463-1412	Country	US

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Given Name (first and middle [if any])		Family Name or Surname	
Iraj		Gashgae	
Inventor's Signature			Date
Residence: City	Waltham	State	MA
Country	US	Citizenship	US
Mailing Address 5 High Rock Circle			
City	Waltham	State	MA
ZIP	02451	Country	US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jennifer		Marrs	
Inventor's Signature 			Date 2/19/05
Residence: City	Cornish NH	State	NH
Country	US	Citizenship	US
Mailing Address 41 Churchill Drive			
City	Cornish	State	NH
ZIP	03745	Country	US

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PTO/SB/81 (09-04)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/520,635
Filing Date	January 7, 2005
First Named Inventor	Marc Laverdiere
Title	Liquid Flow Controller and . . .
Art Unit	
Examiner Name	
Attorney Docket Number	2002-29-US

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Robert C. Frame	54,104
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Nields & Lemack		
Address	176 E. Main Street Suite 7		
City	Westboro	State	MA
Country	USA	Zip	01581
Telephone	508-898-1818	Fax	508-898-2020

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Marc Laverdiere</i>	Date	2/14/05
Name	Marc Laverdiere	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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42754

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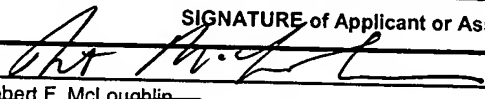
<input checked="" type="checkbox"/> Firm or Individual Name	Nields & Lemack		
Address	176 E. Main Street Suite 7		
City	Westboro	State	MA
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Telephone	508-898-1818	Fax	508-898-2020

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	2-18-2005
Name	Robert F. McLoughlin	Telephone	
Title and Company			

2-00

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Signature	<i>George Gonnella</i>	Date	2-23-05
Name	George Gonnella	Telephone	
Title and Company			

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>		
Name	Iraj Gashgaree	Date	FEB/23/05
Title and Company		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/520,635
Filing Date	January 7, 2005
First Named Inventor	Marc Laverdiere
Title	Liquid Flow Controller and . . .
Art Unit	
Examiner Name	
Attorney Docket Number	2002-29-US

10/520635

I hereby appoint:

☒ Practitioners associated with the Customer Number:

42754

OR

☒ Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Robert C. Frame	54,104
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Nields & Lemack		
Address	176 E. Main Street Suite 7		
City	Westboro	State	MA
Country	USA	Zip	01581
Telephone	508-898-1818	Fax	508-898-2020

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			Date	2/14/05
Name	Jennifer Marrs	Telephone		
Title and Company				

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